



Hadley Board of Health

100 Middle Street 1st Floor Hadley, MA 01035

Email - health@hadleyma.org

Phone - 413-584-4562



Public Health
Prevent. Promote. Protect.

APPLICATION FOR PERMIT TO OPERATE A BODY ART ESTABLISHMENT

Establishment Name (dba): _____

Establishment Address: _____

Mailing Address (if different): _____

Owner/Applicant Name & Title: _____

Owner Address: _____

NOTE: EACH BODY ART ESTABLISHMENT APPLYING FOR PERMIT MUST SUBMIT A LIST OF ALL PRACTITIONERS OF A BODY ART OPERATING IN THAT ESTABLISHMENT
The list shall be provided yearly at the time of application renewal.
All individual Practitioners of Body Art must be permitted separately by the Hadley Board of Health.

LIST BELOW ALL PERMITTED PRACTITIONERS OF BODY ART WORKING AT THIS ESTABLISHMENT:

**Mail: Completed application & payment of \$200.00 for annual permit payable to “Town of Hadley”
to the: Town of Hadley – Board of Health 100 Middle Street Hadley, MA 01035**

Signature of Body Art Establishment Owner: _____

Social Security of Federal ID Number: _____

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.